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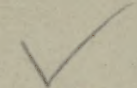
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Acknowledged

Announcement to the Medical Profession



Information Concerning

Dr. John Hinton's Private Home

for

Nervous Invalids



Thirtieth Street and Lydia Avenue, Kansas City, Missouri.

SEP 6 1962



DR. JOHN PUNTON'S SANITARIUM.
Kansas City, Mo.

Dr. John Punton's Sanitarium for Nervous Invalids

Officers

John Punton M.D. Superintendent.

Professor of Nervous and Mental Diseases University Medical College.

Member American Neurological Association.

Member American Psychological Association.

Ex-President Kansas City Academy of Medicine.

A. L. Ludwick, A.M. M.D. House Physician.

Miss Noi McHenry, Matron.

O. L. McKillip, M.D. Clinical Assistant.

Miss May Martin, Clerk.

Consulting Staff

*The Services of the Leading Physicians and Surgeons of Kansas City
including the various Specialists are at our disposal and these
comprise the Consulting Staff of the Punton Sanitarium.*

THE PUNTON SANITARIUM



FRONT VIEW OF SANITARIUM.

To the Medical Profession

The increasing demand by the members of the medical profession for information concerning the *Punton Sanitarium* renders this announcement necessary.

It is therefore presented with a great deal of satisfaction—inasmuch as it demonstrates a marked increase of facilities and scientific medical equipment, together with many other advantages than were heretofore possible, thus rendering the future usefulness of this *Private Home for Nervous Invalids* even more acceptable and adequate for the special purpose intended.

The *Punton Sanitarium* is a solid brick and stone fire-proof structure, four stories high and contains, in addition to the private apartments of the superintendent and his family, spacious reception rooms, dining rooms, offices, dispensary, culinary departments, fifty separate private rooms for both male and female patients, as well as their sitting and recreation rooms, bath rooms, a fine treatment room and all other appurtenances belonging to a first-class modern sanitarium or psychopathic hospital.

At great expense, it is equipped with the most approved system of hot water heating, besides a modern local telephone system, with a number of telephones stationed at different parts of the building, all of which are in connection with the superintendents office.

In the building of this magnificent structure at great cost

and equipping it with all the modern conveniences and medical appliances, we feel that we have supplied not only a pressing need, but also provided the Middle West and Southwest with an institution the equal, if not superior in every respect, with similar hospitals of its kind in the Northern and Eastern States.

The growing popularity of the *Punton Sanitarium* with the members of the medical profession augurs well for its continued success, besides illustrating the increasing confidence in the practical utility and value of such *Homes or Sanitariums* for the necessary care and successful treatment of the various forms of Nervous and Mental diseases.

To the patrons and friends of the medical profession whose co-operation in the past has so generously contributed toward the support and success of the *Punton Sanitarium*, I desire to extend my best thanks.

As heretofore, it is the desire to conduct and maintain an exclusive, high-class, *Ethical Hospital or Sanitarium*, where all the features of a comfortable Home—privacy and protection, combined with modern medical, scientific methods of treatment—are furnished those suffering from the more common and presumably curable *Nervous and Mental Disorders*.

As in the past, it will be the aim to deal courteously and honestly with all our patrons, believing that—

"A good name is rather to be chosen than great riches."

JOHN PUNTON, M. D.,
30th Street and Lydia Avenue. Kansas City, Mo.

UNSURPASSED ENVIRONMENTS.

This magnificent Home-Like Sanitarium was built expressly for the accommodation and treatment of persons suffering from the various *Diseases of the Nervous System*.

The privacy of the Sanitarium is unsurpassed, being delightfully located in the midst of the famous *Troost Park*, with all its natural advantages, and within easy access of magnificent *Paseo*, Kansas City's most elaborate boulevard. The surrounding topography combines to create the unusual features of a secluded, Home-like retreat, commanding all the facilities and conveniences of a large and growing city, thus making the *Punton Sanitarium* an ideal retreat for nervous invalids.

ADDITIONS AND IMPROVEMENTS.

In order to meet the demand of the ever-increasing number of applicants, a large addition has just been completed which nearly doubles our former capacity. Moreover, a handsome veranda overlooking the *Paseo* has recently been finished, which greatly adds to the pleasure, convenience and comfort of the guests.

Adequate fire protection is also afforded by means of iron fire escapes, thus allaying all fears of disaster from fire.

DEMANDS OF THE AGE.

In the progressive development of medical science the need of *home-like sanitariums* or *psychopathic hospitals*, especially designed for the accommodation and treatment of

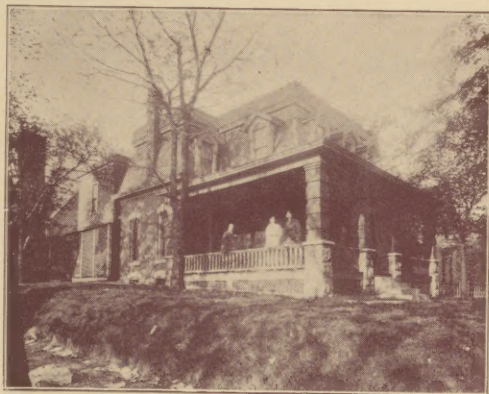
nervous invalids, became so very apparent that the progressive medical practitioner, and especially the Neurologist and Psychiatrist, found himself unable to do the best for his patients without the advantages and conveniences of a well equipped private hospital. Indeed, such Homes and Sanitariums became as necessary to the Alienist and Neurologist for his special work as the operating room for the Surgeon or the laboratories for the Chemist and Bacteriologist.



LADIES' PARLOR.

CLINICAL CHART OF 1,200 CASES OF NERVOUS AND MENTAL DISEASES.

DIAGNOSIS.	No. of Applications.	No. of Admissions.	VARIETIES.	Acute.	Chronic.	Male.	Female.	Married.	Single.	Recovered.	Improved.	Unimproved.	Deaths.	REMARKS.
Anemia	1	1	Pernicious	0	1	1	0	1	0	0	1	0	0	Physician.
Amyotrophic Lateral Sclerosis	2	2	Charcot's Disease	1	1	1	1	1	1	0	0	2	0	Deficient vitality.
Alcoholism	60	30	Dipsomania, Delirium Tremens, etc.	18	12	24	6	17	15	16	8	6	0	Includes all forms of inebriety.
Arterio-Sclerosis	2	2	Syphilitic, Mechanical	0	2	2	0	2	0	0	2	0	0	
Acute Ascending Paralysis	1	1	Landry's	1	0	1	0	1	0	0	0	1	0	Exposure.
Bell's Palsy	8	8	Toxic and Exposure	6	0	4	2	4	2	5	1	0	0	
Brain Tumors	16	16	Tubercular Glioma, etc.	2	14	11	5	11	5	0	6	10	0	
Cerebral Concussion	2	2	Simple	2	0	2	0	1	1	2	0	0	0	Localized and considered inoperable but 4, which were refused by friends. See varieties.
Cerebral Hemorrhage	10	9	Syphilitic, Endarteritis	5	4	5	4	6	3	0	4	3	2	
Cerebral Thrombosis	14	12	Atheroma	0	13	12	1	13	0	1	11	1	0	
Cerebral Embolism	2	2	Endocarditis	2	0	0	2	2	0	2	0	0	0	Operation
Cerebral Abscess	1	1	Traumatic	1	0	1	0	1	0	1	0	0	0	
Cerebral Syphilis	4	1	Gumata	0	1	1	0	1	0	0	1	0	0	Endocarditis, Infection, etc.
Cerebral Softening	12	12	Thrombotic, Embolic	2	10	10	2	12	0	1	0	6	5	All ages.
Chorea (St. Vitus Dance)	14	7	Simple, Maniacal, Aphasic, etc.	3	4	3	4	1	6	4	3	0	0	Lethargy.
Catalepsy	1	1	Stuporous	0	1	0	1	0	1	0	1	0	0	Majority physicians & druggists.
Drug Addictions	72	65	Morphinism, Cocainism, Chloral, etc.	27	12	40	15	42	19	41	12	1	0	
Dementia Precox	24	32	Hebephrenia, Paranoides, Simple, etc.	17	15	15	17	2	30	11	5	16	0	
Dementia Terminal	20	16	Senile	0	16	11	5	13	3	1	4	7	0	Alcoholic.
Delirium	2	2	Toxic	1	1	2	0	1	1	1	0	0	1	Two operations; no result.
Epilepsy	194	48	Grand mal, Petit mal, etc.	5	40	21	27	17	31	1	31	16	0	Operation.
Facial Tic	4	2		2	0	2	0	2	0	0	2	0	0	
Feeble-mindedness	50	27	Tic douloureux	1	26	15	12	0	27	0	17	12	0	Congenital defects.
Goitre Exophthalmic	10	10	Imbecility, Incurability, etc.	5	5	4	6	8	2	0	7	3	0	With and without eye symptoms.
General Paresis	71	43	Graves' Disease or Basedow's	23	20	43	0	28	15	0	20	21	2	Nearly all referred to asylum.
Hereditary Spinal Ataxia	2	2	Syphilitic, Alcoholic	0	2	2	0	0	2	0	0	2	0	
Hereditary Cerebellar Ataxia	1	1	Friederich's Disease	0	1	0	1	0	1	0	0	1	0	Domestic trouble, worry, etc.
Hypochondria	13	13		5	8	10	3	9	4	4	5	4	0	
Hysteria	141	101		81	20	10	91	41	60	71	20	10	0	Many post-operative.
Hydrocephalus	2	2	Major, Minor, Hemiplegic, etc.	1	1	1	1	1	1	1	0	1	0	
Headache	8	8	Tubercular, Simple	5	3	2	6	8	0	8	0	0	0	Constipation, tobacco, coffee, etc.
Insomnia	4	4	Toxic, Reflex	4	0	3	1	2	2	4	0	0	0	Financial distress, grief, etc.
Infantile Paralysis (Cerebral)	16	3	Simple	0	3	2	1	0	3	0	0	3	0	Some complicated with epilepsy.
Little's Disease	2	2	Hemiplegic, Diplegic	0	2	2	0	0	2	0	0	2	0	Crossed legged progression.
Locomotor Ataxia	24	13	Paraplegic	2	11	10	3	11	2	0	8	5	0	Four complicated with paresis.
Meningitis	6	6	Preataxic, Ataxic, Paralytic	2	4	4	2	3	3	2	2	2	0	Traumatic, toxic. All ages.
Multiple Sclerosis	6	6	Pachy, Lepto, Tubercular, etc.	0	6	6	0	6	0	0	6	0	0	Only two Nystagmus.
Myelitis	3	3	Toxic	2	1	2	1	2	1	0	1	1	1	
Myelitis Polio	5	5	Traumatic, Syphilitic, Potts'	3	2	4	1	0	5	3	2	0	0	All children.
Myoclonus Multiples	2	2	Toxic, Idiopathic	2	0	1	1	1	1	2	0	0	0	Emotional.
Melancholia	270	258	Hysterical	181	77	108	150	175	88	151	62	42	3	All ages.
Mania	205	138	Simple, Delusional, Puerperal	80	49	53	85	102	36	52	54	26	6	All ages. Causes various.
Mania Depressive Insanity	10	9	Simple, Agitated, Delusional, etc.	4	5	6	3	7	2	2	4	3	0	
Migraine	5	5	Recurrent. Circular	3	2	2	3	4	1	5	0	0	0	
Neurasthenia Psychasthenia	228	185	Toxic	75	110	114	71	120	65	133	28	24	0	All Ages, Causes various.
Nervous Dyspepsia	14	14	Mysophobia, Agaraphobia, etc.	0	14	12	2	10	4	12	2	0	0	Errors of diet; constipation.
Narcolepsy	1	1	Simple	0	1	0	1	0	1	0	1	0	0	
Neuralgia	7	7	Somnolent	4	3	2	5	7	0	7	0	0	0	Exposure, traumatic, etc
Neuritis	9	8	Local, General	6	3	4	5	5	4	4	5	0	0	Exposure; toxic.
Neuritis (Alcoholic)	4	4	Local, General, Traumatic	3	1	2	2	3	1	2	2	0	0	Toxic.
Paralysis Agitans	14	6	Motor, Sensory	0	6	6	0	4	2	0	6	0	0	Emotional; general we
Progressive Muscular Atrophy	2	2	Simple, Complicated	0	2	2	0	2	0	0	2	0	0	
Pseudo Hypertrophic Paralysis	2	2	Upper and Lower Arm Type	0	2	2	0	0	2	0	0	2	0	Children.
Progressive Spastic Ataxia	4	4		0	4	4	0	4	0	0	2	2	0	Combined sclerosis.
Potts' Disease	1	1	Postero-Lateral, Sclerosis	0	1	1	0	1	0	0	0	1	0	Tubercular.
Paranoia	9	7	Dorsal	1	6	5	2	3	4	0	3	4	0	Delusional.
Rheumatoid Arthritis	2	1	Exalted, Depressed	0	1	0	1	0	1	0	1	0	0	
Syphilis (Multiple)	2	2	Toxic	2	0	1	1	1	1	1	0	0	0	General.
Sciatica	2	2	Cerebro-Spinal	0	2	2	0	2	0	0	0	2	0	
Senile Paraplegia	2	2		0	2	2	0	2	0	0	0	2	0	Old age.
Toxic Exhaustion Psychoses	8	8	Emotional	6	2	5	3	6	2	6	0	2	0	Infective fevers.
Uremic Convulsions	2	2	Diphtheria, Measles, Scarlatina, etc.	0	2	1	1	2	0	0	1	1	0	Nephritis.
Wry Neck or Torticollis	3	2	Toxic	1	1	2	0	2	0	1	1	0	0	Exposure.
Writers' Cramp	4	4	Right Sided	3	1	4	0	2	2	3	1	0	0	Mechanical.
Hemiplegia, Chronic	8	8	Right Handed	1	7	6	2	5	3	0	7	1	0	Organic brain lesions.
Aorta Aneurism	1	1	Left and Right Sided	0	1	1	0	1	0	0	1	0	0	
Bright's Disease	2	2		0	2	2	0	1	1	0	0	2	0	
Colica Mucosa	1	1		1	0	0	1	0	1	1	0	0	0	
Cancer Uterus	1	1		0	1	0	1	1	0	0	0	1	0	
GRAND TOTAL	1657	1200		628	572	638	562	747	453	562	365	249	24	



1890 TO 1894.

Evolution
of
Dr. John Hinton's
Sanitarium
from
1890 - 1908



1894 TO 1900.



1900 TO 1908.

EVOLUTION OF NEUROLOGY AND PSYCHIATRY IN KANSAS CITY.

Those who are familiar with the history, growth and development of the science of medicine in Kansas City during the past twenty years fully recognize the laborious task attending the pioneer efforts of Dr. John Punton to establish a *Sanitarium* or *Private Home for Nervous Invalids* in this section of the country.

Like all similar enterprises, its mission was at first misunderstood by the citizens, causing much undeserved criticism and even censure. A more intimate acquaintance, however, with the scope of the work contemplated, which was duly emphasized by the more progressive members of the medical profession, soon led to merited approval, which was evinced by practical, substantial support, until today the *Punton Sanitarium* is recognized by, not only the medical profession, but also the citizens of Kansas City and vicinity as one of its well established and most valued ethical medical institutions.

From a small, obscure beginning in 1888, when provision was made for but *three nervous patients*, the Punton Sanitarium has grown and developed in spite of all obstacles until today the magnificent, modern sanitarium, with sufficiency capacity to accommodate *Fifty nervous invalids*, is in

actual, successful operation, and open to inspection at all times to members of the medical profession.

During the past 6 years over, 1,200 persons have been received for treatment suffering from the various kinds of Nervousness and the results obtained have been most gratifying to all parties concerned which is evidenced by the increasing demand for admission to the Punton Sanitarium.



PART OF THE NURSING STAFF.

SCOPE OF SCIENTIFIC WORK UNDERTAKEN.

The *Punton Sanitarium* was designed and built especially for the accommodation and treatment of persons suffering from the various forms of *Nervous and Mental Diseases*, such as neurasthenia, phrenasthenia, psychasthenia, hysteria, chorea, headache, migrain, neuralgias, certain forms of epilepsy, aphasias, neuritis, locomotor ataxia, paralysis agitans, Graves' disease or goitre, myoclonias, torticollis or wry neck, writers' cramp, the different forms of infantile and adult palsies, brain tumors, precocious dementia, melancholia, toxic and exhaustion, psychoses following acute and chronic diseases such as typhoid fever, pneumonia, malaria, la grippe, scarlet fever, defective forms of inhibition, sequella neuroses, and the various forms of impulsions, morbid fears doubts and drug addictions, together with many other incipient and presumably *curable* nervous and mental disorders.

VAST THERAPEUTIC RESOURCES REQUIRED.

In the care, management and treatment of *Nervous and Mental diseases* every therapeutic resource known to medical science becomes at times a necessity, hence nervous invalids, by virtue of their mental and physical distress, appeal to every department of medicine for relief, and nothing short

of this is sufficient at times to effect their recovery. Whenever the therapeutical armamentarium is limited in its range or insufficient to meet the varied demands by nervous invalids, the vacillating mental state which is so commonly present prompts those suffering from *Nervousness* to seek aid elsewhere, or fall an easy prey to the wily methods of the fraudulent quack and charlatan.

The varied therapeutic means and measures required in the treatment of *Nervous and Mental diseases* include the scientific application of the principles embodied in the study of neurology, psychiatry, chemistry, pharmacology, hematology, bacteriology, massage, electricity, hydrotherapy, calisthenics, hygienic, dietetics, surgery and, above all, *moral and psychological therapeutics*. In addition, the judicious use of *amusements* and *employment* of all kinds are absolutely necessary. When these various agents are skillfully combined they often produce results which are most astonishing.

That the sufferers from *Nervous Diseases* belong to a special class which require for their best care hospitals devoted exclusively for their demands, is now fully recognized, and the medical practitioner who fails to recognize the advantages offered by such provision often deprives his patient of the very best opportunity which modern medical science clearly indicates for their special individual care and successful treatment.

PROBLEMS TO BE ANSWERED BY THE NEUROLOGIST.

In consulting a *Neurologist*, there are 4 prominent questions in the mind of every person suffering from some nervous malady which they very much desire to be answered favorable to them. Stripped of all their strictly technical phraseology, they consist of the following:

1. What is the matter with me?
2. Can you cure me?
3. How long will it take?
4. How much will it cost?

Now, the correct solution and honest dealing with these apparently simple questions embody all the various knowledge embraced in the science of medicine, including its various general and special departments, as well as the *skill*, *integrity* and *manhood* of the physician in applying his professional art.

They, therefore, appeal not only to his medical educational *acquirements*, but also his *moral virtues*, as well as test his *skill* and *ability* in the practical clinical application of his special knowledge of the nervous system to its various diseases.

In proportion as the physician can correctly solve and interpret the intricate pathological secrets associated with the more common nervous and mental diseases, is he not only better prepared to answer satisfactorily the above questions, but also prove his own worth as an able clinician and competent neurologist and psychiatrist.

The simple question, "What is the matter with me?"

therefore appeals to all the elements which enter into the science and art of *diagnosis* and upon this largely hinges the answer to the second and third questions, as this determines not only the *Prognosis* but also the *Treatment* of the case.

The cost of treatment depends upon several factors, such as ability to pay—responsibility assumed—nature and character of the disease as well as time involved in the care and treatment of the case.



ELECTRO THERAPY.

CLASSIFICATION

By universal consent Nervous Diseases are roughly divided into two great classes, viz.:

(1) ORGANIC and (2) FUNCTIONAL.

As many diseases are found to affect more than one portion of the Nervous apparatus, a convenient classification recognizes their chief seat. According to this view we may have diseases affecting:

(1) *The Brain*, (2) *The Spinal Cord* and (3) *The Peripheral Nerves*.

The differential diagnosis of each, however, depends upon the physicians ability and knowledge of the structure and functions of the parts involved.

When the causes of *Nervous and Mental diseases* are therefore studied in relation to their effects upon the brain, spinal cord and peripheral nerves we find that they are not only influenced by age, heredity and sex, but also, habits, occupation, climate, civilization and similar conditions.

When they are studied in relation to their effects upon the brain, spinal cord, and the peripheral nerves the chief diseases they are responsible for in these situations are the following:

I. BRAIN DISEASES.

In early life the chief diseases affecting the brain are the various forms of meningitis, epilepsy, infantile palsies, microcephalus, hydrocephalus, feeble-minded conditions, idiocy and the various functional neuroses.

Those of adult life are cerebral hemorrhage, embolism, thrombosis, softening, paralysis, syphilis and brain tumors, as well as the various insanities.

2. SPINAL CORD DISEASES:

When we come to consider the spinal cord, we find that vascular lesions are very uncertain in the production of symptoms, hence such conditions as anæmia and hyperæmia as well as hemorrhage of the cord are comparatively rare. Also new growths and tumors—hence the most common and consequently the more important diseases of the spinal cord are those which result from inflammations and degenerations. These include myelitis, polio, myelitis locomotor ataxia and the combined sclerosis.



RECEPTION PARLOR.

3. PERIPHERAL NERVES:

The peripheral nerve diseases furnish chiefly the various kinds of neuralgia, neuritis and paralytic states.

FUNCTIONAL NEUROSES.

These include such conditions as neurasthenia or nervous prostration, hysteria, chorea or St. Vitus dance, epilepsy, catalepsy, paralysis agitans, the precocious dementias, paranoia, melancholia, manic depressive insanity, and toxic exhaustion psychoses. Many of the latter may accompany, follow or become the sequella of the infectious fevers, like typhoid, la grippe, pneumonia, measles, scarlet fever, or they may be associated with alcohol, syphilis and similar poisons.

In other clinical syndromes they may present varying degrees of delirium, confusion and stupor. Such psychoneuroses, as a rule, first come under the observation of the family physician, who, unfortunately, quite often fails to recognize their true psychological significance until some complicating obsession, impulsion, imperative, concept or fixed idea become so clear and distressing that the prognosis for recovery is thereby greatly reduced if not entirely beyond all hope of cure.

Practical knowledge and experience demonstrates that the so-called functional nervous affections are, if recognized early, for the most part *curable*, while the organic forms are well nigh *incurable*.

SYMPTOMATOLOGY.

As symptoms consist in the derangement of the various functions involved, viz., the loss of some and the exalta-

tion and perversion of others, it will readily be seen that the classes or kinds of symptoms belonging to morbid states of the nervous system pertain to (1) motion, (2) sensation, (3) reflex action, (4) changes in nutrition or trophic, (5) secretory, (6) mental or psychical, and (7) general systematic states, sometimes termed visceral. Combinations of these groups of symptoms may affect various organs and are consequently termed mixed neuroses.



ONE OF FORTY BEDROOMS.

ETIOLOGY OF NERVOUS AND MENTAL DISEASES.

The causes of nervous diseases are uniformly considered as belonging to one of two classes, viz., predisposing and exciting, or intrinsic and extrinsic. These, however, usually blend in their pathogenic influence.

The chief of the predisposing causes are *hereditary defects*. While, as physicians, we are not prepared to explain all the intricate details concerned in the laws of *heredity*, yet the inheritable deviations of structure and function are endless and these are the factors with which the medical profession have to deal.

Modern medical investigation clearly demonstrates that abnormal conditions of inheritance form the basis of the vast majority of diseases of the nervous system, yet these are also greatly emphasized by dissipation, overwork, worry, syphilis, undue mental and physical strains, injuries and the presence of all forms of infections and other poisons. These, therefore, constitute the chief exciting factors, the general effects of which produce changes in the blood which lead to different forms of anemia and other congenital or acquired nutritional degenerative and structural neural lesions.

A general knowledge of the causes of disease is very important as the basis of prophylaxis or its prevention, as well as an aid to its scientific management, for it is obvious that in proportion as we are able to trace diseases to their sources, we may expect to extinguish causes or obviate their morbid influence.

PATHOLOGY OF NERVOUS DISEASES.

Generally considered, the chief *lesions* affecting the nervous apparatus can be arranged under six groups, viz.: 1, Vascular; 2, Inflammatory; 3, Degenerative; 4, Toxic States; 5, Congenital Malformation, and 6, Functional or Unclassified Lesions.

Group 1 includes such conditions as anæmia, hyperæmia, hemorrhage, thrombosis, embolism, atheroma, aneurisms, etc., arterio sclerosis. The 2nd, all forms of meningitis, myelitis and neuritis. 3rd. Locomotor ataxia, lateral sclerosis, progressive muscular atrophy, bulbar or nuclear palsies, infantile and other palsies, Freiderich's disease, muscular dystrophies, growths and tumors. 4th. Syphilis, alcoholism, lithæmia, morphinism, murcuria, and all other toxic states. 5th. Hydrocephalus, microcephalus, spina bifida, kyphosis, scoliosis, rickets, idiocy, etc. 6th. Neuralgias, hysteria, migraine, epilepsy, neurasthenia, catalepsy, paralysis agitans, chorea tics, tetanus, exophthalmic goitre, occupation neuroses, etc.

The general effect of the lesions producing these pathologic states, as before remarked, present a wide and varied range of symptomatology which conforms to their special seat.

CLINICAL ANALYSIS OF 1,200 CASES OF NERVOUS AND MENTAL DISEASES.

The following tabulated report covers an analysis of the applications and admissions for diagnosis and treatment at the Punton Sanitarium during the past six years ending December 31, 1906, under the personal care and management of Dr. John Punton, the superintendent.

It includes a great variety of diseases of the nervous system, together with their more serious complications. The report, however, does not include the large and varied number of cases examined at the down town office, college clinics, hospitals and free dispensaries, or those met in consultation with other physicians, both in and outside of Kansas City. A report including all this clinical material would not only be out of place in this announcement, but would exceed the limits of space at our disposal. It is hoped, however, that a study of its contents will prove not only instructive to the medical practitioner, but others who may be interested in such information.

It will be observed that no less than 1,657 persons applied for admission, but owing to lack of room, known incurability of the patient, or some other contingency, 457 were not accepted, leaving a total of 1,200 persons actually admitted to the sanitarium during this period. Of this number 628 were in the acute and 572 were in the chronic stage of their illness; 638 were males and 562 were females;

747 were married and 453 were single, which also includes children of both sexes. Moreover, no less than 562 recovered, or 47 per cent of the total admissions; 365 improved; 249 unimproved and there were 24 deaths, or less than 3 per cent of total admissions.



GENERAL SITTING ROOM.

TENDENCY TO PROCRASTINATE.

As the marked tendency of the age in the treatment of nervous and mental disorders is toward procrastination and, therefore, postponed for a more convenient season or evasively denied until their chronicity renders the prognosis not only unfavorable, but emphasizes their intractability to all kinds of treatment, *too much importance cannot be attached to early diagnosis and the institution of prompt, appropriate, therapeutic measures.*

In view of this, it is with pride that we call especial attention to the comparatively large number of recoveries, more particularly in the acute or incipient classes, which establishes the accepted belief of competent authorities that nervous and mental diseases are extremely susceptible to curability, providing their progressive significance is early recognized and subjected to appropriate methods of treatment. Moreover, the necessity which exists for excluding from the *Punton Sanitarium* all noisy, violent and other objectionable persons, thereby protecting the inmates from all undue sources of annoyance, precludes the admission of a large and growing class of nervous invalids which, while undesirable in many respects, would, if allowed admission, materially increase the good showing in the list of recoveries. Practical clinical experience proves that such disturbed persons, as a rule, recover far more readily than the more quiet, tractable and consequently *desirable* nervous patients, such as the neurasthenic, melancholic, hysteric, paralytic, or those suffering from the more common organic nervous disorders.

WIDE ACQUAINTANCE OF SANITARIUM.

The vast extent of territory represented by those admitted to the Sanitarium is also worthy of remark, for not only are there found persons from nearly every state and territory of the Union, but also those from Mexico, as well as the Dominion of Canada. Hence many of our patrons come long distances, being recommended by their family physicians as well as the leading Alienists and Neurologists of America.



STENOGRAPHER'S ROOM.

RESULTS ACCOMPLISHED.

Many clinical facts relating to occupation, etiology, pathological findings and the details of treatment must of necessity be omitted on account of limited space. Sufficient data, however, is furnished to enable the physician to recognize the extent and purpose of the work accomplished and the results obtained in the *Punton Sanitarium*.

In spite of all the difficulties encountered in dealing conscientiously with those suffering from the various neuroses and psychoses, attention is also directed to the low rate of mortality, which amounts to only 24 deaths in the six years, or less than 3 per cent of the total number admitted. When it is remembered that a large number of the patients when admitted are suffering from all degrees of nervous exhaustion and that many, by virtue of chronicity or the nature of their ailment, resent and even refuse all measures addressed to their relief, the significance of the facts embodied in this report are very apparent.

SUMMARY.

In order to economize time the following tabulated report contains a brief summary of the principal features pertaining to each class referred to beside other important clinical information, the enlargement of which time and patience forbid. As a routine method, *urinalysis* was extensively employed and in most cases *blood examinations* were also made, besides the frequent use of the *microscope*, which proved very helpful in not only confirming the diagnosis, but also suggesting appropriate means of treatment.

In reporting these 1,200 cases which constitute the results of six years' work in the Sanitarium, the aim has been to simply present the clinical facts as they existed, in the hope that they may not only prove interesting, but also instructive, beside inspire in each person interested a more earnest zeal and enthusiastic love for the study of clinical neurology and phactical psychiatry.



MUSIC PARLOR AND LIBRARY.

PERCENTAGE OF RECOVERIES.

In certain conditions it will be observed that the percentage of recoveries were much greater than the general average of *47 per cent*. For instance, in neurasthenia the total admissions were 185 and of these no less than 133, or *71 per cent* recovered. In drug addictions, (including all forms) there were 55 admissions and 41 or *74.5 per cent* recovered.

In hysteria there were 101 admissions and *71 per cent* recovered; while in melancholia there were 258 admissions and 151, or *58 per cent*, recovered. Of the 638 cases that failed to recover, a large number, while greatly improved, left the sanitarium before sufficient time had elapsed to effect a cure, owing to their restless vacillating conduct or other circumstances beyond our control; hence the termination of many of these cases are unknown, but no doubt a considerable number finally recovered.

SOCIAL STANDING OF NERVOUS INVALIDS.

Considered from an intellectual standpoint, this report represents persons of all grades of social and mental development, from the giant intellect of the precocious genius to the lethargic mental weakness of the degenerate dullard. Financially regarded, it includes persons of all degrees of wealth and social distinction; from the fortunate millionaire to the less favored laboring class.

Every form of religious creed is also represented; hence we find the orthodox Methodist, Baptist, Presbyterian and Congregationalist, as well as the strictest adherent to Catholicism, besides those who believe in Spiritualism, Mormonism,

Christian Science and similar fallacies. Moreover, occupations of all kinds are included, such as statesmen, railroad magnates, politicians, promoters, bankers, lawyers, doctors, preachers, capitalists, artists, actors, educators, reporters, dentists, druggists, mechanics, nurses, farmers, housewives, stenographers, and many others.

By birth the large majority of those admitted were Americans, although subjects of several other nationalities appear quite frequently.



SECTION OF TREATMENT ROOM.

CO-OPERATION OF FRIENDS AND RELATIVES.

Relatives and friends should afford the sanitarium management their full co-operation and support in the enforcement of all measures advised as necessary to meet the exigency of the case, and proper protection should be furnished those persons where detention becomes more or less necessary for the best results.

The vacillating, nervous state of many such invalids often deprives them of fully realizing their true condition, as well as their need of leaving home for treatment, although such a procedure is usually not only necessary, but fully endorsed by practical scientific medical knowledge and experience.

A WORD OF CAUTION.

Prospective patients suffering from nervous diseases should not be deceived by friends and relatives as to the nature of their malady, or their need of sanitarium treatment, as this leads them to believe that the doctors and nurses are responsible for their removal from home, or separation from relatives and friends.

Inasmuch as our room is limited, it is best to make arrangements with the management before sending patients to the sanitarium, as we may be without a room upon arrival. By so doing the inconvenience and hardship of disappointment is avoided.

The right to discharge a patient at any time is reserved by the management.



THE LAWN.

PATIENTS SHOULD BRING WITH THEM THE FOLLOWING

ARTICLES OF CLOTHING:

Male.

2 suits clothes.
1 pair shoes.
1 pair slippers.
4 pairs socks.
3 suits underwear.
4 shirts.
3 nightshirts.
6 handkerchiefs.
1 brush and comb.
1 tooth brush.
1 clothes brush.
1 overcoat (winter).
1 hat.
6 collars.
2 neckties.

Female.

1 street suit.
3 wrappers.
4 underskirts.
3 gowns.
3 suits underwear.
3 pairs hose.
1 pair house slippers.
1 pair shoes and rubbers.
6 handkerchiefs.
6 to 12 sanitary napkins.
1 hat.
1 clothes brush.
1 tooth brush.
1 cloak and winter wrap.
1 comb and brush.



SECTION OF DINING ROOM.

HOW TO REACH THE SANITARIUM FROM THE UNION DEPOT.

The best and safest way is to secure a *carriage* at the depot and come to Thirtieth street and Lydia avenue. A carriage stand is established at the Union Depot and the office is near the ticket office, where carriages can be secured at reasonable rates. To those who prefer the street cars, take the electric car at the depot, ride to Eighth and Walnut; transfer there to the Rockhill or Electric Park cars going south and ride to Thirty-first street; transfer to the Thirty-first street car line and ride to Lydia avenue, where you alight and walk one block north to the Sanitarium located at Thirtieth street and Lydia avenue.

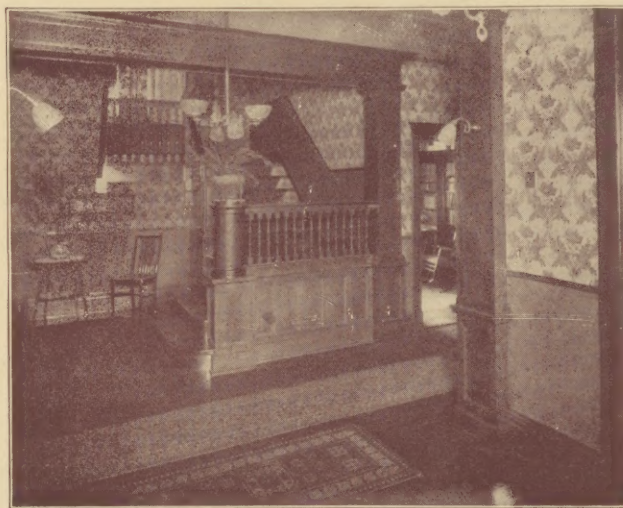
The chief railroads represented at the Union Depot are as follows: Atchison, Topeka & Santa Fe; Chicago, Burlington & Quincy; Missouri Pacific; St. Louis & San Francisco; Missouri, Kansas & Texas; Kansas City & Northwestern; Chicago, Rock Island & Pacific; Wabash; Chicago & Alton; Union Pacific, and Chicago, Milwaukee & St. Paul.

HOW TO REACH THE SANITARIUM FROM THE GRAND CENTRAL DEPOT.

Located at Second and Wyandotte streets. At present there are four railroads using this depot, as they have no entrance to the Union Depot. They are: The St. Joseph & Grand Island; Chicago Great Western; Kansas City Southern; Quincy, Omaha & Kansas City.

Take street car at depot and ride to 8th and Wyandotte streets; transfer to Troost avenue car and ride to Thirty-first and Troost; again transfer to Thirty-first street car line and ride to Thirty-first and Lydia avenue, where you alight and walk one block north to Sanitarium, located at 3001 Lydia avenue.

Address all correspondence to Dr. John Punton, 30th and Lydia avenue, Kansas City, Missouri.



FRONT HALL AND STAIRWAY.

Facts Concerning Kansas City

Kansas City, Missouri, and Kansas City, Kansas, have a combined population of over 400,000 inhabitants.

It is next to the largest railroad center in America, having no less than twenty-six trunk lines, besides several other associated railways leading to and from its railroad depots.

Its street car facilities are unsurpassed for convenience, as well as up-to-date equipment. They permeate all portions of the city and come within one block of the Punton Sanitarium.

Kansas City can boast of as magnificent a park and boulevard system as can be found in any city in the United States. No less than \$4,000,000 have already been spent by the citizens in this form of modern improvement during the past five years, and future plans entail a continued

expenditure of no less than \$1,000,000 annually for the next ten years.

The finest and most elaborate of these is known as the *Paseo*. This magnificent thoroughfare, with its beautiful gardens, fountains and other adornments, is conceded by visitors to the city to be the equal, if not superior in point of grandeur, to anything of its kind found in any of the great cities of America. It stretches north and south through the central portion of the city, thus forming an artistic link between the business center and the aristocratic residential districts. On its way south it passes, in a tortuous manner, through the famous *Troost Park*, both of which face the *Punton Sanitarium*. This beautiful park, with its many acres of lawn, numerous shade trees, quiet nooks and lakeside walks, is owned and maintained by the city as a public park and pleasure resort, thus affording the guests of the *Punton Sanitarium* ample recreation grounds, as well as furnishing them a constant source of enjoyment and interesting, healthful diversion.

